

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024342

STATE FILE NUMBER

Registration District No. 316

Primary Registration District No. _____

Registrar's No. 275

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6940

2940

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94201

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Star Route,</u>		c. CITY OR TOWN <u>Valles Mines</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Valles Mines, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Star Route</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Alfred Nussbaumer</u>		4. DATE OF DEATH Month Day Year <u>June 24, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/28/1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Famous & Barr Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchandise (Retired)</u>	
11. BIRTHPLACE (City and state or country) <u>(Jefferson County) U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Nussbaumer</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Burns</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Dora Nussbaumer, Valles Mines, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis, with myocardial infarction.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>arteriosclerosis of coronary arteries, with angina pectoris</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>19 hours</u> <u>4 or 5 mos.</u> <u>1 year +</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>Feb, 1962</u> to <u>June 24, 62</u> and last saw him alive on <u>June 24, 1962</u> Death occurred at <u>7 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas A. Donnell, M.D.</u>		22b. ADDRESS <u>Desoto, Mo.</u>	
22c. DATE SIGNED <u>6-26-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>6/27/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Charter Cemetery,</u>	
23d. LOCATION (City, town, or county) <u>Star Route, Valles Mines,</u>		23e. (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Dale Sparks, Bonne Terre, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 26, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Ether Reddy</u>		27. (State) <u>Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 6 1962

NOV 27 1962

JUL 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Bonne Terre
Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.